



RENEWAL APPLICATION FOR CAREER AND TECHNICAL EDUCATION CERTIFICATE/CREDENTIAL/ENDORSEMENT

Department of Career and Technical Education
SFN 51688 (9/04)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Name		Mailing Address (Street, City, State, Zip Code)													
Email Address	Work Number	Home Number	Social Security Number												
Are you employed in, or being considered for, a teaching position in an approved Career and Technical Education program? No Yes (If yes, please list school/institution, program area and administrator's name below)															
School/Institution		Program Area	Administrator												
Renewal is requested for: <table border="0"><tr><td>Agriculture Education</td><td>Family & Consumer Sciences Occupational</td><td>Special Needs</td></tr><tr><td>Business & Office Technology</td><td>Health Careers</td><td>Technology Education</td></tr><tr><td>* Career Development</td><td>Information Technology</td><td>Trade, Industry, Technical</td></tr><tr><td>Diversified Occupations</td><td>Marketing Education</td><td>Career Clusters</td></tr></table> Attach copies of college transcripts, current teaching certificates and/or licenses, or *counseling credential, if applicable.				Agriculture Education	Family & Consumer Sciences Occupational	Special Needs	Business & Office Technology	Health Careers	Technology Education	* Career Development	Information Technology	Trade, Industry, Technical	Diversified Occupations	Marketing Education	Career Clusters
Agriculture Education	Family & Consumer Sciences Occupational	Special Needs													
Business & Office Technology	Health Careers	Technology Education													
* Career Development	Information Technology	Trade, Industry, Technical													
Diversified Occupations	Marketing Education	Career Clusters													

TRAINING VERIFICATION

Any non-college credited in-services, conferences, workshops and training sessions you have attended in the last five years.
Attach completion certificates and/or signed verification letters for each session listed. Copy form as needed.

Name of Training Session		Session Provider	
Location of Session	Date Attended	Hours Earned	CEU's Earned
Brief Description of Session			
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Signature of Applicant

Date

Signature of Administrator

Date